

<i>SERFF Tracking Number:</i>	<i>AULD-125796320</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40368</i>
<i>Company Tracking Number:</i>	<i>DISC-211/2901</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>Accelerated Benefit Disclosures</i>		
<i>Project Name/Number:</i>	<i>Accelerated Benefit Disclosures/DISC-211/2901</i>		

Filing at a Glance

Company: American United Life Insurance Company

Product Name: Accelerated Benefit Disclosures SERFF Tr Num: AULD-125796320 State: ArkansasLH

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 40368

Sub-TOI: L06I.002 Single Life - Flexible
Premium

Co Tr Num: DISC-211/2901

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Ann Smith

Disposition Date: 10/16/2008

Date Submitted: 09/26/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Accelerated Benefit Disclosures

Project Number: DISC-211/2901

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/16/2008

State Status Changed: 10/16/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: American United Life Insurance Company

NAIC #60895 and FEIN #35-0145825

Forms:

DISC-211/2901 Accelerated Benefit Disclosure Statement

CLAIM-211/2901 Disclosure for Accelerated Benefit At Time of Claim

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The referenced forms are new and are submitted to you for information. These are disclosure forms to be used with

SERFF Tracking Number: AULD-125796320 State: Arkansas
Filing Company: American United Life Insurance Company State Tracking Number: 40368
Company Tracking Number: DISC-211/2901
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: Accelerated Benefit Disclosures
Project Name/Number: Accelerated Benefit Disclosures/DISC-211/2901

Accelerated Death Benefit Rider, form number LR-211, approved by your department on September 8, 2008, SERFF # AULD-125790336. For your convenience, a copy of this rider is attached.

These forms are also currently pending with your department for Pioneer Mutual Life Insurance Company, SERFF # AULD-125796321.

Form number DISC-211/2901 will be given to the prospective insured at the time of application. Form number CLAIM-211/2901 will be sent to the policy owner at time of claim.

American United Life has reviewed the forms and believes, to the best of its knowledge, that the forms are both consistent with the laws and regulations of your state and in compliance with those laws and regulations. The forms contain no unusual or possibly controversial items deviating from normal company or industry standards.

Company and Contact

Filing Contact Information

Ann Smith, Sr. Contract Analyst Ann.Smith@oneamerica.com
One American Square (317) 285-4223 [Phone]
Indianapolis, IN 46206

Filing Company Information

American United Life Insurance Company CoCode: 60895 State of Domicile: Indiana
One American Square Group Code: 619 Company Type:
P.O. Box 7127
Indianapolis, IN 46206 Group Name: State ID Number:
(877) 285-7660 ext. [Phone] FEIN Number: 35-0145825

Filing Fees

Fee Required? Yes
Fee Amount: \$70.00
Retaliatory? Yes
Fee Explanation: \$35.00 per form X 2 = \$70.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American United Life Insurance Company	\$70.00	09/26/2008	22752063

<i>SERFF Tracking Number:</i>	<i>AULD-125796320</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/16/2008	10/16/2008

<i>SERFF Tracking Number:</i>	<i>AULD-125796320</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Accelerated Benefit Disclosures</i>		
<i>Project Name/Number:</i>	<i>Accelerated Benefit Disclosures/DISC-211/2901</i>		

Disposition

Disposition Date: 10/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AULD-125796320	State:	Arkansas
Filing Company:	American United Life Insurance Company	State Tracking Number:	40368
Company Tracking Number:	DISC-211/2901		
TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	Accelerated Benefit Disclosures		
Project Name/Number:	Accelerated Benefit Disclosures/DISC-211/2901		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Previously Approved Accelerated Benefit Rider		Yes
Form	Accelerated Benefit Disclosure Statement		Yes
Form	Disclosure For Accelerated Benefit At Time of Claim		Yes

SERFF Tracking Number: AULD-125796320 State: Arkansas

Filing Company: American United Life Insurance Company State Tracking Number: 40368

Company Tracking Number: DISC-211/2901

TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium

Product Name: Accelerated Benefit Disclosures

Project Name/Number: Accelerated Benefit Disclosures/DISC-211/2901

Form Schedule

Lead Form Number: DISC-211/2901

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	DISC-211/2901	Other	Accelerated Benefit Disclosure Statement	Initial		0	I-20702 (AUL, PML)-proof3.pdf
	CLAIM-211/2901	Other	Disclosure For Accelerated Benefit At Time of Claim	Initial		0	I-20703 (AUL, PML)-proof3.pdf

Accelerated Benefit Disclosure Statement

American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United
Mutual Insurance Holding Company
a ONEAMERICA® company
101 North 10th Street
Fargo, ND 58102



☐ American United Life Insurance Company® (AUL)

☐ Pioneer Mutual Life Insurance Company (PML)

This disclosure provides a brief description of the important features and limitations of the Accelerated Benefit Rider. This disclosure is not a legal contract and only the actual rider and policy contain the contractual provisions.

- The Accelerated Benefit Rider allows early access to a portion of the death benefit of a life insurance policy. The benefit, payable to the owner, is allowed if the primary insured has a Qualifying Event while covered under the policy. A Qualifying Event is a specified medical condition that, in the absence of extensive or extraordinary medical treatment results in the death of the Insured in twelve months or less from the date of the Physician's statement.
- The minimum Accelerated Benefit we will pay is \$5,000. The maximum Accelerated Benefit available is 50% (or \$500,000, if less) of the eligible amount.
- There is no additional premium charge for this rider.
- The amount of Accelerated Benefit paid will be discounted (reduced) to reflect the early payment of amounts under the policy.
- Payment of an Accelerated Benefit will affect your policy values and amount of insurance. All values and applicable amounts of insurance will be reduced by a benefit ratio. The benefit ratio is the requested portion of the eligible amount divided by the eligible amount.
- The amount of Accelerated Benefit we will pay will be reduced if there is a policy loan outstanding on this policy on the date we approved a request to pay the Benefit. The reduction in the Accelerated Benefit will be used to repay a portion of the policy loan.
- **The Internal Revenue Service has not issued final definitive regulations on how benefits such as those paid under the Accelerated Benefit Rider are treated for income tax or estate purposes. You should seek assistance from your personal tax advisor before exercising this benefit.**

Insured's Name _____

I understand that receipt of an Accelerated Benefit will reduce my death benefit. Also, receipt of an Accelerated Benefit payment may adversely affect my eligibility for Medicaid or other government benefits or entitlement. I further understand that acceptance of an Accelerated Benefit payment may be taxable and that it is recommended that I seek assistance from my personal tax advisor.

Signature of Owner at _____
City/State

Date Writing Agent Signature

**Disclosure For
Accelerated Benefit
At Time Of Claim**

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a ONEAMERICA® company
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368*

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A stock subsidiary of American United
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A. Consequences of this Benefit

Receipt of a benefit under an Accelerated Benefits Agreement from a life insurance policy may affect Medicaid and Supplemental Security Income ("SSI") eligibility. The mere fact that you own a policy with an option to accelerate the death benefit may affect your eligibility for these government programs. In addition, exercising the option to accelerate death benefits and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medical Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

This benefit may be taxable. As with all tax matters, a personal tax advisor should be consulted.

B. Effect on Policy Values

Cash values, loan values, and the death proceeds will be reduced if you accelerate the death benefit.

1. Policy Values and Benefits prior to payment of the Accelerated Benefit:

Policy Face Amount:	\$ _____
Policy Cash Value:	\$ _____
Outstanding Loan Balance:	\$ _____
Premium:	\$ _____
Premium Mode:	\$ _____

2. Calculation of Accelerated Benefit:

Gross Amount to be Accelerated:	\$ _____
Interest Rate:	_____
Loan Repayment:	\$ _____
Processing Fee:	\$ _____
Net Amount Accelerated:	\$ _____

3. Policy Values and Benefits after payment of the Accelerated Benefit:

Policy Face Amount:	\$ _____
Policy Cash Value:	\$ _____
Outstanding Loan Balance:	\$ _____
Premium:	\$ _____
Premium Mode:	\$ _____

Signature of Policy Owner

Signature of Carrier Representative

Date

Date

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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: Accelerated Benefit Disclosures/DISC-211/2901

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 08/28/2008
Comments:
Attachment:
ARactcert-Reg 6.pdf

Review Status:

Satisfied -Name: Previously Approved Accelerated 09/26/2008
Benefit Rider
Comments:
Attachment:
LR-211 Accelerated Death Benefit Rider 2.pdf

STATE OF ARKANSAS

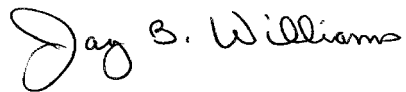
CERTIFICATION

CARRIER: AMERICAN UNITED LIFE INSURANCE COMPANY

SUBMISSION: Forms: Accelerated Benefit Disclosure Statement &
Disclosure for Accelerated Benefit At Time of Claim

DATE: September 26, 2008

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 6.

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, stylized "J" and "W".

Jay B. Williams
Name

Vice President, Compliance
Title

American United Life Insurance Company
[One American Square
Indianapolis, IN 46206]

ACCELERATED DEATH BENEFIT RIDER

NOTE: RECEIPT OF THE ACCELERATED DEATH BENEFIT MAY BE TAXABLE. PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.

Payment of the accelerated Death Benefit under the terms of this rider will reduce the Death Benefit, the Account Value, Cash Value, the Cash Surrender Value, and the Cost of Insurance.

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Policy Data Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions-

Benefit Ratio. Is the acceleration percentage which is the result of dividing (a) by (b) where;

- (a) is the requested portion of the Eligible Amount subject to the limitations as shown in the Benefit Amount section of this rider; and
- (b) the Eligible Amount.

Immediate Family. Is the spouse, child, brother, sister, parent or grandparent of the Insured or the Owner. This includes adopted, in-law and step-relatives.

Insured. As used in this rider, the Insured is the same as the Insured for the policy.

Eligible Amount. Is the Death Benefit of the policy at the time the first Notice of Claim is received at our Home Office. The benefit under this rider extends only to the Insured under the policy and not to any other individual covered for additional benefits.

Physician. Physician means any licensed practitioner who is legally qualified and licensed by the state in which he or she is practicing and is operating within the scope of that license. Physician must be a person other than the Insured or Owner, a member of the Insured's or Owner's Immediate Family or a business associate.

Qualifying Event. A specified medical condition that, in the absence of extensive or extraordinary medical treatment, results in a drastically limited life span. A drastically limited life span is a life span of twelve (12) months or less.

Benefit – If the Insured has a Qualifying Event while covered under the policy to which this rider is attached, the Owner may request payment of the accelerated Death Benefit subject to the conditions of this rider.

Conditions – To be eligible to receive an acceleration of Death Benefit:

- (1) The policy must be in force other than as extended term or reduced paid-up; and
- (2) The Insured must have a Qualifying Event while covered under the policy to which this rider is attached; and
- (3) We receive Proof of Qualifying Event; and
- (4) Prior to the payment of the accelerated Death Benefit, we will obtain from any assignee other than ourselves or any irrevocable beneficiary a signed acknowledgement agreeing to the payment of the acceleration of Death Benefit.

Benefit Amount-

The minimum accelerated Death Benefit amount available on the policy is \$5,000. The maximum accelerated Death Benefit amount available is the lesser of \$500,000 or 50% of the Eligible Amount.

The requested portion of the Eligible Amount will be subject to the following adjustments and deductions:

- (1) We will pay the present value of the policy Death Benefit that is being accelerated. An actuarial discount based on mortality and interest will be deducted from the requested portion of the Eligible Amount. This discount reflects the early payment of the amounts of the Death Benefit that is being accelerated. It will be based on mortality rates and an annual interest rate which have been declared by us and the Cost of Insurance rates, which are in effect as of the date Notice of Claim is received at our Home Office. The maximum interest rate used shall be the greater of the current yield on ninety (90) day treasury bill or a variable rate determined in accordance with the NAIC Model Policy Loan Interest Rate Bill (#590).
- (2) If on the date we approve your request, there is a policy loan outstanding on the policy, we will apply a portion of the accelerated Death Benefit to repay the loan. The amount used to repay the loan will not exceed the amount of the outstanding policy loan multiplied by the Benefit Ratio.
- (3) An administrative fee of not more than \$250.

Effect of Benefit Payments – When benefits are paid:

- (1) The Death Benefit will be reduced by the amount of the Death Benefit being accelerated.
- (2) The Total Face Amount, Account Value, any outstanding policy loans, Cash Value, and Cash Surrender Value will be reduced by the Benefit Ratio. The

reduction in Account Value will be made from the Investment Accounts and the Fixed Account in proportion to your amounts in each account.

- (3) The Cost of Insurance will be reduced to the Cost of Insurance that would apply had the policy been issued at the reduced amount.
- (4) When a part of the Death Benefit remains after the payment of the accelerated Death Benefit the following applies:
 - (A) The policy will be modified by us and the endorsement will include a statement of Cash Values, policy loans, premiums, COI charges and Death Benefit;
 - (B) If dividends on the policy are credited, this credit will not be affected by the acceleration of Death Benefits
- (5) Prior to or beginning with the election to accelerate the Death Benefit, the Owner and any irrevocable beneficiary will be provided a statement showing the effect of this acceleration on the Cash Value, Death Benefit, premium, COI charges (see 3 above), and any outstanding policy loans. It will include any premium or COI charges necessary to continue coverage following acceleration, and all expenses and charges associated with the acceleration.

Payment of Benefit-

- (1) The payment of the acceleration of Death Benefit will be remitted as a single lump sum. Payment is due upon receipt of the written Proof of Qualifying Event.
- (2) The amount payable as a lump sum will be at least equal to the Benefit Ratio multiplied by the current policy Cash Surrender Value. The current Cash Surrender Value shall include any termination dividend payable on the surrender of the policy.
- (3) If the Owner has requested the acceleration of the Death Benefit and we are notified of the Insured's death before we remit payment, the request for the acceleration of the Death Benefit will be cancelled and the Death Benefit will be paid according to the policy.
- (4) The accelerated Death Benefit is paid to the Owner or the Owner's estate while the Insured is living, unless the benefit has been otherwise assigned or designated by the Owner.

Notice of Claim - Written request for the acceleration of the Death Benefit and Proof of Qualifying Event must be given to us at any time after the date the Insured has a Qualifying Event. The notice must identify the Insured and be sent to us at our Home Office.

Claim Forms - After we receive your request, we will send claim forms within 15 days. If we do not, the Proof of Qualifying Event will be met if written proof of the Qualifying Event is sent to us at our Home Office. Written proof will include covering the occurrence, the character and extent of the occurrence of the Qualifying Event.

Proof of Qualifying Event – We must receive proof of the Insured's Qualifying Event before we will make an accelerated Death Benefit payment. This proof will include a properly completed Claim Form and a Physician's statement acceptable to us. We may request additional medical information from the Physician acceptable to us detailing the nature and extent of the Qualifying Event.

Physical Examination - We have the right to require a second or third medical opinion to confirm eligibility for payment of the accelerated Death Benefit. The second or third opinion is at our expense and may include a physical examination by a Physician designated by us. If there are conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is mutually acceptable to the Insured and us.

Incontestability - This rider will not be contested after it has been in force during the lifetime of the Insured for two years from the Policy Date, except for fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery.

Nonforfeiture Values - This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

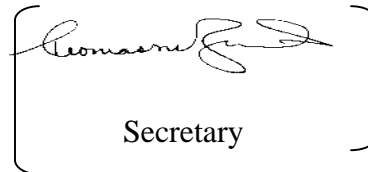
Reinstatement - If the policy is reinstated, this rider will also be reinstated provided the maximum accelerated Death Benefit has not been paid under this rider.

Termination – This rider terminates on the earliest of the following dates:

- (1) The date of termination of the policy;
- (2) The date the Insured dies;
- (3) Upon written request of the policy Owner;
- (4) The date the policy lapses or is exchanged for a paid-up policy; and/or
- (5) The date the maximum accelerated Death Benefit is paid.

Termination of the rider will not prejudice the payment of the accelerated Death Benefit for the Qualifying Event that occurred while the rider was in force.

Signed for American United Life Insurance Company® by,


Secretary